

Pharmaceutical Technician in Training Application – Download application and mail to the address on the top of the application with the required \$40.00 fee. The fee is payable by check or money order only, we do not accept credit cards.

The pharmacy, where you will be employed as a pharmaceutical technician in training, must be in Nevada.

You can obtain hours from more than one pharmacy but you need to be registered at each pharmacy. Every location requires the application and the \$40.00 fee.

All pharmaceutical technician in training registrations expire October 31, of the even numbered years. It is your responsibility to keep us up to date with your mailing address.

If you have any questions, please feel free to contact the Reno office.

NEVADA STATE BOARD OF PHARMACY
555 Double Eagle Ct #1100 ~ Reno, NV 89521 ~ (775) 850-1440
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable)

___ **New Application** ___ **Change of Pharmacy** ___ **Additional Pharmacy** (Please check one)
Complete Name (no abbreviations):

First: _____ Middle: _____ Last: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____ Sex: M or F

E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: _____ Store #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Managing Pharmacist: _____ Lic #: _____ Date: _____

(Without the signature of the managing pharmacist, the application will be returned.)

1) Are you 18 years of age or older? Yes ☐ No ☐

2) Are you a high school graduate or the equivalent? Yes ☐ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

3) I have ___ I have not ___ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.

4) I have ___ I have not ___ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐

5) I have ___ I have not ___ been the subject of an administrative action whether completed or pending.

6) I have ___ I have not ___ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action State: _____ Date: _____ Case #: _____
and/or

b) Criminal Action State: _____ Date: _____ Case #: _____
County: _____ Court: _____

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

I am ___ I am not ___ subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am ___ I am not ___ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature _____ Date _____

Board Use Only

Received: _____ Check Number: _____ Amount: _____